

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No: _____	
First Named Inventor: <u>Olle Inganäs</u>	
Complete if known: Serial No: _____	Filing Date: <u>December 19, 2001</u>
Group Art Unit: _____	Examiner: _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Micro tools

_____, the specification of which: ☐ is attached hereto or ☐ was filed on _____ as application Serial No. _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, S. 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

<u>9902348-3</u>	<u>Sweden</u>	<u>June / 21 / 1999</u>	<u>Priority Claimed</u>	<u>Certified Copy Attached</u>
(Number)	(Country)	(Month/Day/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)		

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application No: _____ Filing Date: _____

10018985 "121901

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

PCT/SE00/01286June 18, 2000US Parent Application or PCT
Parent Number

Parent Filing Date

Parent Patent Number
(if applicable)

And I hereby appoint HAYES, SOLOWAY, HENNESSEY, GROSSMAN & HAGE, P.C., a firm composed of Oliver W. Hayes, Reg. No. 15,867; Norman P. Soloway, Reg. No. 24,315; William O. Hennessey, Reg. No. 32,032; Susan H. Hage, Reg. No. 29,646; Steven J. Grossman, Reg. No. 35,001; Christopher K. Gagne, Reg. No. 36,142; and Edmund Paul Pfleger, Reg. No. 41,252, or any of them, of 175 Canal Street, Manchester, New Hampshire 03101 (Telephone: 603-668-1400) my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent Office connected therewith.

Please direct all future correspondence in connection with this application to the attention of Norman P. Soloway HAYES, SOLOWAY, HENNESSEY, GROSSMAN & HAGE, P.C., 175 Canal Street, Manchester, New Hampshire 03101 (Telephone: 603-668-1400).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Olle InganäsFirst Inventor's signature: [Signature]Date: 2001 11 21Residence: Wernersgatan 13, S-582 46 Linköping, SwedenCitizenship: SwedenPost Office Address: Same as residenceFull name of second joint inventor: Edvin JagerSecond Inventor's signature: [Signature]Date: 2001 11 21Residence: Rydsvägen 220 B, S-584 32 Linköping, SwedenCitizenship: SwedenPost Office Address: Same as residence

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

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Full name of sole or first inventor: Olle Inganäs

First Inventor's signature _____

Date _____

Residence: Wernersgatan 13, S-582 46 Linköping, SwedenCitizenship: SwedenPost Office Address: Same as residenceFull name of second joint inventor: Edwin JagerSecond Inventor's signature Edwin JagerDate 14-12-01Residence: Mjärdevigatan 9, S-584 22 Linköping, SwedenCitizenship: SwedenPost Office Address: Same as residence

3-00
Full name of third joint inventor: Anders Selbina

Third Inventor's signature [Signature]

Date 2001-12-14

Residence: Lindaliden 3, S-589 85 Linköping, Sweden SEX SEX

Citizenship: Sweden

Post Office Address: Same as residence

Full name of fourth joint inventor: _____

Fourth Inventor's signature _____

Date _____

Residence: _____

Citizenship: _____

Post Office Address: Same as residence

Full name of fifth joint inventor: _____

Fifth Inventor's signature _____

Date _____

Residence: _____

Citizenship: _____

Post Office Address: Same as residence

Full name of sixth joint inventor: _____

Sixth Inventor's signature _____

Date _____

Residence: _____

Citizenship: _____

Post Office Address: _____